

ARIZONA DEPARTMENT OF ECONOMIC SECURITY
Division of Developmental Disabilities

DATE RECEIVED

**AUGMENTATIVE COMMUNICATION ASSESSMENT
REFERRAL CHECKLIST**

INDIVIDUAL'S NAME (<i>Last, First, M.I.</i>)		AHCCCS ID NO.	
SUPPORT COORDINATOR'S NAME	AREA CODE AND PHONE NO.	SITE CODE	

Thank you for your referral to the Division of Developmental Disabilities' Augmentative Communication Program. Please attach the following information as part of your referral packet:

- ☐ 1. A completed **Communication Skills Questionnaire (DDD-1151AFORNA)**. This should be completed by a speech-language pathologist. If the individual being referred does not have a speech-language pathologist currently working with him/her, please contact the DDD support coordinator to facilitate completion of this document.
- ☐ 2. A completed **Pre-Evaluation Information (DDD-1150AFORNA)**. This form can be completed by whomever is familiar with the individual. This may be a family member, support coordinator, therapist, day program coordinator, etc.
- ☐ 3. A current copy of the **Individual Service Plan (ISP)** and **Individual Educational Plan (IEP)** for school-age children.
- ☐ 4. A prescription from the Primary Care Physician, dated within the past six months.
- ☐ 5. A completed **Parent/Guardian Release of Information Consent (DDD-1149AFORNA)**.

Does the individual have private health care insurance? ☐ Yes ☐ No

If your client has **private insurance**, the following information **MUST** be completed (*please include a photocopy of the insurance card, front and back*):

OTHER INSURANCE PROVIDER'S NAME	NAME OF INSURED	POLICY NO.	GROUP NO.
ADDRESS (<i>No, P.O. Box, Street, City, State, ZIP</i>)		AREA CODE AND PHONE NO.	

Once items 1-5 have been collected, referral packets **MUST** be submitted by one of the following routes:

A. EVALUATIONS COMPLETED BY SCHOOL DISTRICTS throughout the state are to be sent (*along with referral packet – Items 1 – 5*) directly to:

DES/DDD Health Care Services
Attn: Augmentative Communication Unit
2200 N. Central Ave., Ste. 207
Phoenix, AZ 85004

B. PACKETS REQUIRING AN EVALUATION MUST be mailed to one of the providers on the list provided (*see reverse side*). Please check which provider the individual/family wants to do the evaluation.

Remember to mail photocopies of the referral packet to DDD Health Care Services at the address shown above. Incomplete packets will not be accepted and will be returned to the Support Coordinator for completion.

Equal Opportunity Employer/Program ♦ Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, and the Age Discrimination Act of 1975, the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, and disability. The Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service or activity. For example, this means if necessary, the Department must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the Department will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program or activity because of your disability, please let us know of your disability needs in advance if at all possible. To request this document in alternative format or for further information about this policy, contact the Division of Developmental Disabilities ADA Coordinator at 602 542-6825; TTY/TDD Services: 7-1-1.

CONTRACTED PROVIDERS

Please check (✓) the provider the individual/family wants to do the evaluation. Indicate the date the packet was mailed to the provider and DDD Health Care Services.

PROVIDERS	DATE SENT TO PROVIDER	DATE SENT TO HEALTH CARE SVCS
<input type="checkbox"/> Beth Lawton Advanced Therapy Solutions P.O. Box 6397 Chandler, AZ 85246 Phone: (480) 820-6366 Fax: (480) 820-0462 Services available for Maricopa, Pima, Yavapai, Pinal, and Gila counties.		
<input type="checkbox"/> Elaine Moya Southwest Human Development 2850 N. 24th St. Phoenix, AZ 85008 Phone: (602) 266-5976 Fax: (602) 468-3406 Services available for Maricopa, Pima, Yavapai, Coconino, Yuma, Pinal, and Gila counties.		
<input type="checkbox"/> Janis Nicol NAU/Institute for Human Development P.O. Box 5630 Flagstaff, AZ 86011 Phone: (928) 523-5878 Fax: (928) 523-4953 Services available for all counties.		